



**MONTANA
TEACHERS' RETIREMENT SYSTEM**

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HELENA MT 59620-0139
406 444-3134

TRS Office Use Only

**AUTHORIZATION FOR RELEASE
OF INFORMATION**

ALL REQUESTED INFORMATION MUST BE TYPED OR PRINTED LEGIBLY IN DARK INK.

Completion of this form certifies that you are the member/retiree/beneficiary of the Montana Teachers' Retirement System (TRS) account in question or hold a power of attorney or guardianship (legal documentation must be provided or already on file with TRS) for a member/retiree/beneficiary of the TRS and authorize the TRS to release confidential information to the person, entity or employer listed below.

To Be Completed By Member/Retiree/Beneficiary:

(Member/Retiree/Beneficiary's Printed Name)

_____-_____-_____
(Social Security Number)

(Mailing Address – Including City, State & Zip+4 Code (If unknown, use 5-digit Zip Code))

(Area Code and Telephone Number)

(Date of Birth)

(Member Retiree/Beneficiary's Signature)

(Date)

To Be Completed By Power of Attorney/Guardian Personal Data (if applicable):

(Power of Attorney/Guardian's Name)

(Area Code & Telephone Number)

(Mailing Address – Including City, State & Zip+4 Code (If unknown, use 5-digit Zip Code))

I hereby authorize the Montana TRS to release account information for the above named member/retiree/beneficiary to:

(Person, Employer, or Entity) and

(Person, Employer, or Entity)

(Member/Retiree/Beneficiary's Signature)

(Date)

(Power of Attorney/Guardian's Signature)

(Date)

IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT OF 1992,
ALTERNATIVE ACCESSIBLE FORMATS OF THIS DOCUMENT WILL BE PROVIDED UPON REQUEST